LEASING COMPANY (SEYCHELLES) LIMITED

BRN: B8438056

APPLICATION FORM FOR LEASE - CORPORATE

Application Date:	Reference:						
Type of Lease:		ance Lease	Maint	enance Managem	ent		enance Lease
COMPANY DETAILS							
	New	Existing					
Company Name:							
Entity Type:	Company	Association	Trust	Partnership	Oth	ners (Specify)	
Date of Incorporation:				Business Registra	ation No:		
Nature of Business:							
Industry:				No of employees:	_		
Registered Address							
Mailing Address (if diff	erent from abo	ove)					
Contact Person:				Telephone No:	Office		Mobile
Email Address:					Office		MODILE
FINANCIAL HIGHLIGH	HTS						
Issued Capital: SCR	t			Financial Year Er	nd:		
Date of Last Audited A							
Annual Turnover: SCR				Profit / (Loss):	SCR		
Shareholders				Directors			
i)				i)			
ii)				ii)			
iii)				iii)			
iv)				iv)			
vi)				vi)			
vii)				vii)			
viii)							

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Initials : /

STATEMENT OF ASSETS AND LIABILITIES (Applicant)

Details of Assets / Immovable	Properties:			
Details of Liabilities (Loans, Leases, Credit Cards, Overdraft,etc)		Outstanding SCF	₹	Monthly Repayment SCR
LEASE REQUEST				
Supplier / Vendor's Name:				
			Expected Deliver	
Make:	Model:		New	
Cost of vehicle (incl VAT):	SCR		Interest rate (%):	
Proposed Deposit:	SCR		Residual Value (%):
Requested Finance Amount:	SCR		Bullet Amount:	SCR
Terms (Months):				
		_	_	
Authorisation to recei	ive electronic communicatio	ns (Please sign b	pelow if agreeable))
	remail at the above email address respondence(s) from Leasing t and facility provided.			
Consequently, it is unders	stood and agreed that:			
In particular circumstan copy rather than by em	ices, LCSL reserves the right to se ail,	end documents o	r other informatio	n to its customers in hard
	esponsible for any failure in transmis			•
	hall remain valid until written revoca e de Possession, Victoria, Mahe, Sey		e client to Leasin	ig Company (Seychelles)
	sonable precautions to ensure that sponsibility for any loss or damage LCSL;			
	er, we shall ensure that the emai e for the lease contract at LCSL a SL;			
It is my/our responsibility LCSL would likely expect	y to inform LCSL of any change to ret to be informed of;	my/our email addr	ess and/or any ot	her material change which
	or its agents harmless in the execut rties and hereby irrevocably renound			
Signature:		Signature:		
Signature.		Signature		

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FINANCE LEASE - INSURANCE AND MAINTENANCE COST

The lessee shall bear all the costs relative to insurance (Full Comprehensive cover / All Risk Cover) and maintenance as per the terms of lease contract

The lessee undertakes to insure the said leased asset under a full comprehensive and / or All Risk cover and to renew such insurance for its market price at an insurance company duly licensed by the Financial Services Authority, and to forward a copy of the insurance to the lessor upon each renewal until full settlement of the said lease.

DECLARATION AND AUTHORISATIONS

I/We understand that the Central Bank Of Seychelles has, in exercise of the powers conferred upon it by law, established a Seychelles Credit Information System (SCIS) to collect information from banks regarding the credit facilities which they grant to their customers in order to enable a bank which is approached for a credit facility by a customer to obtain information from SCIS regarding any credit facilities granted to that customer by other banks.

I/We authorize Leasing Company (Seychelles) Limited to investigate and verify all of the information provided and to exchange credit-related information and experience with other banks. A photocopy of this document authorizes banks to release to this company information about their credit experience with me/us.

I/We understand that the information so collected will be kept in strict confidence by SCIS and Leasing Company (Seychelles) Limited concerned.

I/We further understand that:

Leasing Company (Seychelles) Limited will, as part of its appraisal process of the present application, access SCIS to seek information on credit facilities provided to me/us by other banks, and I/We authorize the Leasing Company (Seychelles) Limited to do so.

It will be a term of the credit facility applied for, if granted, that information regarding it shall be given to SCIS for the use of SCIS and other banks.

APPLICANT'S DECLARATION

I/We declare that the information presently stated in this application form is, to the best of our knowledge, true and correct. In case of approval, the facility will be governed by the law of Seychelles. I/We understand that Leasing Company(Seychelles) Limited reserves the right to reject the application at its sole discretion without stating any reason. I/We give our consent and authorise you to send written confirmation of approval of the lease facilities to the Supplier/s.

Applicant				Applicant				
Signature: Name: Date:	/			Signature: Name: Date:	DD	······	/ MM	······································
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Received	d by:			Date:	DD	/ MM	/	



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